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Trooper   Troop/Zone   Sector   Officer   11/08/2006			ature	······································		Badg	e/ID No.	NCIC No.		ost St	ation/Bea	at/ Reviewin					<del>,  </del>
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		SPPK16000120		MV-104 DMV (		•			
	1	Accident Date Day of Week Military	Time	No. of Vehicles	No. Inje	ured No. Killed	Not investigated at Scen	e [] Left Scene   Police Photos	20
. [		08 / 28 / 2006 Mon	18:43	1	48	3 5	Accident Reconstructed		
F	_	4894127 VEHICLE 1		State of Lic.	VEHICLE 2 - D		CLIST PEDESTRIA		
	2	License ID Number Driver Name—exactly			License ID Nu Driver Name	mber		State of Lie	21
L		as printed on ficense Address (include Number & Street)		Apt No.	as printed on 1	lcense			
		City or Town	A			de Number & Stre		Apt No.	22
Г	3		State	Zip Code	City or Town			State Zip Code	7
		Date of Birth Sex Unlicen	Occupants	Public Property Damaged	Date of Birth	,	Sex Unlicensed	No. of Public Property Damaged	<b>,</b>
i.		Name-exactly as printed on registration	Sex Da	te of Birth	Name-exactly:	as printed on regi	stration	Sex Date of Birth	1
		Address (Include Number & Street)	Apt. No. Ha	z. Released	Address (Includ	le Number & Stree	et)	Apt. No. Haz. Released	23
Γ	4	City or Town		de L	City or Town		S	Code L	
		Plate Number State of Reg.   Vehicle Year & M.	ike Vehic	le Type Ins. Code	Plate Number	Totaka	of Reg.   Vehicle Year & Make		24
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Γ	5	Number(s) Violation			Ticket/Arrest Number(s)				
ļ		Section(s) Check if involved vehicle is:	Check if inv	olved vehicle is:	Violation Section(s)				]
		☐ more than 95 inches wide; V ☐ more than 34 feet long;	more than	1 95 inches wide; 1 34 feet long;		own diagra	m in the space provided (	bes the accident or draw your 9). Number the vehicles.	25
	6	E □operated with an overweight permit; H □operated with an overdimension permit.	E Coperated	with an overweight with an overdimens	permit;	RearEnd	Left Turn Right Angle	Right Turn Head On	
L	_	VEHICLE 1 DAMAGE CODES	C VEHIC	LE 2 DAMAGE COL	DE\$	1. Overtaking	3. Right Turn	5. 7. Right Turn Sideswipe	-
		E Box 1 - Point of Impact 1 2 Box 2 - Most Damage	Box 1 - Point of Box 2 - Most I	of Impact Damage	1 2	2.	0.	6. 7 8,	26
Γ	7	Enter up to three 3 4 5 1 more Damage Codes	Enter up to the more Damage		4 5	ACCIDENT D	IAGRAM		1
L	_	Vehicle By Towed:	Vehicle By Towed:		L				
		То	То			9 🗚	kccident Diagram - See	Attached.	27
	1	VEHICLE DAMAGE CODING: 1 - 13. SEE DIAGRAM ON RIGHT.	3 / <del>1                                   </del>	<u>, 5</u>	<del>•</del> ,				
		14. UNDERCARRIAGE 17. DEMOLISHED	.  *	1 13					
	1	15. TRAILER 18. NO DAMAGE	2	(   ""	*	9.			
		16. OVERTURNED 19. OTHER	12	7	10 ,		s to any one vehicle will be mUnable to Determine	more than \$1000. ☑ Yes ☐ No	28
	H	Reference Marker   Coordinates (if available)   Latitude/Northing:	Place Where County ESSE	Accident Occu		······································			
	L	615998	1	ccident occurred 1-8		JVillage LATo	wn of <u>ELIZABETHTC</u>	DWN, TOWN OF	
			at 1) intersectin	a street			(Route Number or Street Name		29
	Γ	Longitude/Easting:	or 2)	(1) M (2)	MILE POS	T MARKER 1	(Route Number or Street Name)	<b>)</b>	
		Accident Description/Officer's Notes		Miles 25 CIV 0		(Milepost, I	Vearest intersecting Route Numb	er or Street Name)	
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		8 9 10 11 12	13 14	15 16 17 I	ву то	18	Names of all involved	Date of Death O	nk.
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ا .		01 7 1 X 57 01 7 1 X 27		X X 999			K, ROCHELLE	N/A	
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1	Troo	per	ì	Badge/ID No. NCIC	No. Precinct/I Troop/Zo		at/ Reviewing Officer	Date/Time Reviewed 11 / 08 / 2006	
L	G M	Stannard		2274 115	602 B3	35	Weightman, S T	16:13	

	Page of Pages 1.0cal Code CaSe SE O	60x-0663288F7X	PWEAGGIF MV-104/	TENT110EF A (7/01)	PPFd@	# <i>(</i> 2244/220/2818755°°°	Pa <b>ge 3 o</b> f 9	. 19
1	Accident Date Day of W		No. of Vehicles	No. Injured	No. Killed	Not investigated at Scen		20
L	489412	Mon 18:43 7 VEHICLE 1	11	VEHICLE 2	5 BICYCI	Accident Reconstructed	1 22	
2	VEHICLE 1 - Driver License ID Number	,	State of Lic.	VEHICLE 2 - Drive License ID Numbe	Г		State of	
	Driver Name-exactly as printed on license			Driver Name-exac as printed on licen	tty se	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<b>- </b> -
	Address (Include Number & Street)		Apt. No.	Address (Include N	lumber & Street)		Apt.1	
	City or Town	State	Zip Code	City or Town			State Zip Code	22
3	Date of Birth	Sex Unlicensed No. of Occupants	Public Property	Date of Birth		Sex Unlicensed	No. of Public Property	
	Name-exactly as printed on registration		Property Damaged Date of Birth	Name-exactly as p	rinted on registra	ation	Occupants Property Damaged	4
}	Address (Include Number & Street)	Apt. No.	Haz. Rejeased	Address (Include No	_			23
T4	City or Town		Code L		anther & Street)		Mat. Code	ec
1 1		State	Zip Code	City or Town			tate Zip Code	24
L		. Vehicle Year & Make Ve	hicle Type Ins. Code	Plate Number	State of	Reg. Vehlcie Year & Make	Vehicle Type ins. Co	
	Ticket/Arrest Number(s) Violation			Ticket/Arrest Number(s)				
1 1	Section(s)  Check if involved vehicle is:			Violation Section(s)				
	more than 95 inches wide;	☐ more t	involved vehicle is: han 95 inches wide;		Check the dia own diagram i	gram below that descri in the space provided (	bes the accident or draw you 9). Number the vehicles.	r 25
	E □operated with an overweight □operated with an overdime	ht permit; [E  ⊟operat	han 34 feet long; ed with an overweight ed with an overdimens	permit: R		eft, Turn Right Angle	Right Turn Head On	
- [	VEHICLE 1 DAMAGE CO	ODES I VE	HICLE 2 DAMAGE COL	)EC	. 3. Overtaking R	light Turn	6. 7. Right Turn Sideswipe	
	Box 1 - Point of Impact Box 2 - Most Damage	'   2   Box 1 - Po	int of Impact st Damage	1 2	-			26
7	Enter up to three 3 1 more Damage Codes	4 5 Enter up to		4 6 Ā	CCIDENT DIA	GRAM		1
	Vehicle By Towed:	Vehicle B	<u> </u>					<b>—</b>
	To	Towed:	0		9 Ac	cident Diagram - Se	e Attached.	27
	VEHICLE DAMAGE CODING:	2 /	4 5	ç 7				
	1 - 13. SEE DIAGRAM ON RIGHT.	Ι"						
	15. TRAILER 18. N	DEMOLISHED 2	13	<b>*</b> 9.				
ŀ	16. OVERTURNED 19. C	OTHER .	12 11	10 s		to any one vehicle will be Unable to Determine	more than \$1000. ☑ Yes ☐ No	28
F	Reference Marker   Coordinates   Latitude/Nort	s (if available) Place Wh	ere Accident Occu	Irred:				٦
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		et 1) into ma	cting street		(F	Route Number or Street Name	)	29
	Longitude/Ea	asting:	TH TE	MILE POST		Route Number of Street Name	)	-
Ā	i i i ————— Accident Description/Officer's Not	Feet	Miles 25 LIW 01	1	(Milepost, Ne	arest intersecting Route Num	ber or Street Name)	
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	8 9 10	11 12 13 14	15 16 17 1	BY TO 18		Names of all involved	Date of Death	
A O	1 7 1	X 26 M X	X X 999		BAH, MAI		N/A	
B 0		X 23 F X	X X 999		BAH, GN		N/A	
0 0		X 21 F X X 29 F X	X X 999 X X 999			ON, ANNIKA	N/A	
E O		X 56 F X	X X 888		BOUDET, CRACIER		N/A N/A	
F 0		X 56 F X	X X 999			D, ABI-SARA	. N/A	
G 0°		X 28 M X	X X 999	1		ZE, CHRISTIAN	N/A	
Troop			Badge/ID No. NCIC	No. Precinct/Pos Troop/Zone	st Station/Beat Sector	Reviewing Officer	Date/Time Review 11 / 08 / 2006	ed
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2	VEHICLE 1 - Driver	4894	IZ/ Veni	OLE I			Sta	ite of Lic.	VEHIC	HICLE 2 LE 2 - Driv	rer	BICY	CLIST .L.	PEDESTRIA	N	U OTHER	PEDESTRIAN State of Lic	
4	License ID Number Driver Name-exactly						L_		İ	e ID Numb Name-exa							<u> </u>	21
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3	Date of Birth		Sex	Unlicens	Occup	oants	Public Proper Damag	ty 🗆	Date of	Birth			Sex	Unlicensed	No. of Occup	oants	Public Property Damaged	
	Name-exactly as print	ed on registrat	ion		Sex	Date o	fBirth		Name-	exactly as	printed	on regis	stration		Sex	Date of	Birtin	23
	Address (Include Numb	er & Street)			Apt. N	vo. Haz. Mat	R	eleased	Addres	s (Include	Number	& Stree	eQ .	······································	Apt N	io. Haz. Mat.	Released	
4	City or Town		······································		State	Code	Code	ᅵ	City or	Town	.,,,,,,,,,,			Si	ate	Code Zip C	ada	-
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一	Plate Number	State of N	eg. Vehicle	rest & Ma	ne .	Vehicle T	ype   I	ns. Code	Plate No	umber		State	of Reg. Vehicl	e Year & Make		Vehicle Ty	pe Ins. Code	°
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7	Enter up to three		3 4	5	Enter	up to three Damage C		3	4	5	ACCIE	ENT D	IAGRAM					
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ı		<u> </u>			or 2)	Feet Mii	1 25	N DE S DW (	of <u>M</u>	ILE POS	T MAF	KER 1	16	cting Route Num	har ar E	treat Name		
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LGW	A Stannard	······································	***************************************			<u></u>	2214		.002	- DJ		33	rresgitu	an, O 1			5:13	

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2   1	VEHICLE 1 - Driver License ID Number Driver Name-exact as printed on licens	r r tty	4894127	VEHIC	LE 1				Sta	ate of Lic.	VEHK Licen Driver	EHICLE CLE 2 - D ise ID Nui Name-e	river nber xactly	BICY	CLIST		PEDESTRI	AN	OTHER	PEDESTRIA State of	
	Address (Include N Olty or Town		treet)				State	Zip	Code	Apt No.	Addre	nted on li ess <i>(inclui</i> r Town		ber & Stre	at)			Stat	e Z)	Apt. N	10.
!	Date of Birth	rinted on re		ex	Unlicen	o	lo. of occupants	Date of E		ityy □		of Birth			Se	x	Unlicensed	Occup	ants	Public Property Damaged	
A	Address (include Nu					1	vpt. No.	Haz. Mat. Code	R	Released	Addres	ss (includ		ed on regi ber & Stree				Sex Apt. N	Date of lo. Haz. Mat. Code	Releas	23 ed
P	iate Number	Sta	te of Reg.	Vehicle \	rear & M	State		Zip Co		ns. Code		lumber		State	of Reg. V	'ehicle	Year & Make	State	Zip (		24 de
5 V	iumber(s) ficiation bection(s) Check if invention Immore than Impore than	95 Inche 34 feet le with an or with an or	s wide; ong; verweich	islon pe	i; rmit.	V	] more t ] more t ] operat ] operat	ed with	inches feet Ion an ove an ove	wide:	sion p	er(s) on n(s)	Real	n diagrai End	Left, Tun	space n	that descreprovided Right Angle	(9). Nun R 5	nber the vo	or draw you ehicles. Head On	_ 25
7 1	Box 1 - Point of Box 2 - Most D Enter up to three more Darmage Vehicle By Towed:	of Impact Damage ee	3	1	5	E Er	ox 1 - Po ox 2 - Mo nter up to ore Dam	int of Im ost Dama	pact age	3	1 4	5	2.	rtaking	Right Tu 0. IAGRAM		4.	F 6	light Turn	Sideswipe 8.	26
1	VEHICLE DAMA 1 - 13. SEE DIAC 14. UNDERCA 15. TRAILER 16. OVERTUR	GRAM ON ARRIAGE	RIGHT. 17. DI	EMOLIS O DAMA THER		3 2	wed:	4	1:		5	7		t of repair	rs to any	one ve	gram - Se	more t	han \$1000.		27
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Ac	ccident Descript		jitude/Eas er's Note	<u> </u>	***************************************	et 1		cting stre	 	N DE	fM	ILE POS	MT	ARKER 1	(Route N	umber	or Street Nam or Street Nam Ing Route Num	e)	reet Name)		- 29 
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Troope	's Rank, Name an er Stannard				11	<u> </u>	1		1	16. NCIO	No.	1	Post	Station/Be Sector 35	at/ Revi	ewing er			Date/	Time Reviews / 08 / 2006 5:13	∍d

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Vesticuta   Colore    1	Accident Date Month Day Year	Day of Week	1		No. of Ve	hicles	No. in)		L.					Police Photos	20	
Addition flowers   State   S	2	VEHICLE 1 - Driver License ID Number			10.70			VEHICLE 2 - E	E 2						PEDESTRIAN	
Dote of Billion	L	as printed on license Address (include Number &	Street)				Apt No.	as printed on I	icense	& Street)					Apt. No.	
Add the profession of protection   Sec   Date of Black   State of Black	3		Sex	Unlicensed	No. of			•			Sex		No. of		Public	
Secretaria	I					Date of Birtin				•	ion		Sex	Date of E	Damaged La	_1 1
Total Authority   Total Auth	4		itate of Reg.   Vehicle		tate	Code Zip Code		•		State of R	ea I Vahicie			Zip Co		
Section(s)   Sec	5	Number(s) Violation						Ticket/Arrest Number(s)			- 3, valide			ornure Typ	- Jins. Code	
L Box 1 - Point of Impact   1   2   2   2   2   2   2   2   2   2	6	Check if involved with more than 95 incl V more than 34 feet E operated with an	nes wide; long; overweight perm	abr İs	☐more th ☐more th ☐operate	an 95 inche an 34 feet k d with an o	nicle is: es wide; ong; verwelaht	Section(s)	own d	iagram in	the space	e provided (9	. Numb	er the vel	nicles.	25
Vehicle By Towed: To   Vehicle By Towed: To   Vehicle Data of Data of Determine   September of Street Name)   Se		Box 1 - Point of Impac Box 2 - Most Damage Enter up to three	.1	5 L 5	VEH Box 1 - Poir Box 2 - Mos Enter up to 1	ICLE 2 DAN at of Impact at Damage three	MAGE COL	1 2	2.	— <b>←</b> 0.	*	4.	5. Rigi 6. 7	nt Turn		26
1 - 13. SEE DIAGRAM ON RIGHT.  14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER  Reference Marker Latitude/Northing:		Towed: To	DING:		Vehicle By Towed: To		5			9 Acci	dent Dia	gram - See	Attach	ed.		27
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Accident Description/Officer's Notes   at 1) intersecting street   To 2   To 18   Names of all involved   Date of Death Only	-	Lat	litude/Northing:	c	lace Whe	re Accide SE	ent Occu	rred: City	Шu	Inknown/U	nable to De	etermine	ØY.	es 🔲 N	40	
Recident Description/Officer's Notes   See   S	-	Loi	ngitude/Easting:	1	at 1) intersec	ting street			STMAR	· .			· · · · · · · · · · · · · · · · · · ·			29
Section   Sect	A	: : :   — accident Description/Offi	cer's Notes		Feet	MBes	SS CIRVO		(MII	epost, Near	est intersect	ing Route Numbe	r or Stree	t Name)		30
A 01 7 1 X 28 M X X X 9993 0901 CAPLIN, ROBERT N/A B 01 7 1 X 13 M X X X 9993 0901 SANTIAGO, LORENZO H N/A C 01 7 1 X 16 F X X X 9993 0901 SANTIAGO, KAREEM N/A D 01 7 1 X 27 F X X X 9993 0901 SANTIAGO, TERISTA N/A E 01 7 1 X 0 M X X X 9993 0901 PUNTEL, STEVEN N/A F 01 7 1 X 42 F X X X 9993 0901 TESANO, MARIE N/A C 01 7 1 X 42 F X X X 9993 0901 TESANO, MARIE N/A C 01 7 1 X 42 F X X X 9993 0901 TESANO, MARIE N/A C 01 7 1 X 42 F X X X 9993 0901 TESANO, MARIE N/A C 01 7 1 X 14 F X X X 9993 0901 TESANO, BERTHONY COfficer's Rank, Name and Signature Trooper C M Stappard																COVER
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Officer's Rank, Name and Signature Trooper  Badge/ID No.   NCIC No.   Precinct/Post   Station/Beat/   Reviewing   Date/Time Reviewed   Troop/Zone   Sector   Officer   11/08/2006       11/08/2006	FO	7	1 X	42 1	X	X X X X	999 999	3 090 3 090	1 PU	INTEL, S SANO, I	TEVEN MARIÉ	<u> </u>		N/A N/A		
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	163990 aggle of 9
SPPK16000120   DMV COPY	eft Scene Police Photos
4894127 VEHICLE 1  VEHICLE 2 Driver License ID Number  VEHICLE 2-Driver License ID Number	OTHER PEDESTRIAN State of Lic. 21
Address (Include Number & Street)  Address (Include Number & Street)  Apt. No. Address (Include Number & Street)	Apt. No.
City or Town State Zip Code City or Town State  3 Date of Birth Sex Unlicensed No. of Public Date of Birth Sex Unlicensed No. of Occupants Property	Zip Code 22
Name-exactly as printed on registration  Sex Date of Birth Name-exactly as printed on registration Sex	Date of Birth 23
4 City or Town State Zip Code Chy or Town State	Mat Code Zip Code
Ticket/Arrest Number(s) Ticket/Arrest	Vehicle Type Ins. Code
Violation Section(s)  Check if involved vehicle is:	accident or draw your per the vehicles.
1 YERCLE I DAMAGE CODES 11 VEHICLE 2 DAMAGE CODES 1 YEAR TO THE TOTAL WAY	th Turn Sideswipe 8. 26
To  9 Accident Diagram - See Attack  VEHICLE DAMAGE CODING: 1 - 13. SEE DIAGRAM ON RIGHT.  14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER  17. Cost of repairs to any one vehicle will be more that the property of the p	in \$1000. 28
Reference Marker   Coordinates (if available)   Place Where Accident Occurred:   County ESSE   City   Village IN Town of ELIZABETHTOWN, TO Road on which accident occurred   1-87 N/B   (Route Number or Street Name)	
Longitude/Easting:  at 1) intersecting street  or 2) 1	et Name)
Total Description of the Control of	USE COMER SHEET
	N
8         9         10         11         12         13         14         15         16         17         BY         TO         18         Names of all involved           A         01         7         1         X         32         F         X         X         9993         0901         ANDERSON, KIRSTEN	Date of Death Only
B         01         7         1         X         24         F         X         X         9993         0901         BICKFORD-BUSHEY, LAUREN           C         01         7         1         X         25         F         X         X         X         9993         0901         LAMARSHE, CYNTHIA           D         01         7         1         X         67         F         X         X         X         9993         0901         BERTAND, JACQUELINE	N/A N/A N/A
Officer's Rank, Name and Signature Trooper G M Stannard  Badge/ID No. NCIC No. Precinct/Post Station/Beat/ Reviewing Troop/Zone Sector Officer Weightman, S T	Date/Time Reviewed 11 / 08 / 2006 16:13